

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>98</i>	<i>6814</i>	<i>11/19/55</i>
O.I.P.E. CLASSIFIER		<i>48</i>	<i>11/23/55</i>
FORMALITY REVIEW	<i>DO</i>	<i>68971</i>	<i>12/1/59</i>

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
12	✓	✓	
13	✓	✓	
14	✓	✓	
15	✓	✓	
16	✓	✓	
17	✓	✓	
18	✓	✓	
19	✓	✓	
20	✓	✓	
21	✓	✓	
22	✓	✓	
23	✓	✓	
24	✓	✓	
25	✓	✓	
26	✓	✓	
27	✓	✓	
28	✓	✓	
29	✓	✓	
30	✓	✓	
31	✓	✓	
32	✓	✓	
33	✓	✓	
34	✓	✓	
35	✓	✓	
36	✓	✓	
37	✓	✓	
38	✓	✓	
39	✓	✓	
40	✓	✓	
41	✓	✓	
42	✓	✓	
43	✓	✓	
44	✓	✓	
45	✓	✓	
46	✓	✓	
47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	
52	✓	✓	
53	✓	✓	
54	✓	✓	
55	✓	✓	
56	✓	✓	
57	✓	✓	
58	✓	✓	
59	✓	✓	
60	✓	✓	
61	✓	✓	
62	✓	✓	
63	✓	✓	
64	✓	✓	
65	✓	✓	
66	✓	✓	
67	✓	✓	
68	✓	✓	
69	✓	✓	
70	✓	✓	
71	✓	✓	
72	✓	✓	
73	✓	✓	
74	✓	✓	
75	✓	✓	
76	✓	✓	
77	✓	✓	
78	✓	✓	
79	✓	✓	
80	✓	✓	
81	✓	✓	
82	✓	✓	
83	✓	✓	
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85	✓	✓	
86	✓	✓	
87	✓	✓	
88	✓	✓	
89	✓	✓	
90	✓	✓	
91	✓	✓	
92	✓	✓	
93	✓	✓	
94	✓	✓	
95	✓	✓	
96	✓	✓	
97	✓	✓	
98	✓	✓	
99	✓	✓	
100	✓	✓	

Claim	Final	Original	Date
110	✓	✓	
112	✓	✓	
113	✓	✓	
114	✓	✓	
115	✓	✓	
116	✓	✓	
117	✓	✓	
118	✓	✓	
119	✓	✓	
120	✓	✓	
121	✓	✓	
122	✓	✓	
123	✓	✓	
124	✓	✓	
125	✓	✓	
126	✓	✓	
127	✓	✓	
128	✓	✓	
129	✓	✓	
130	✓	✓	
131	✓	✓	
132	✓	✓	
133	✓	✓	
134	✓	✓	
135	✓	✓	
136	✓	✓	
137	✓	✓	
138	✓	✓	
139	✓	✓	
140	✓	✓	
141	✓	✓	
142	✓	✓	
143	✓	✓	
144	✓	✓	
145	✓	✓	
146	✓	✓	
147	✓	✓	
148	✓	✓	
149	✓	✓	
150	✓	✓	

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)